

SUMMER CAMPS

Terrell Mill Tennis Center's Junior Summer Tennis Camps are a great way to learn tennis and make new friends. Beginners will learn basic strokes and strategies. Advanced players will participate in advanced drills, conditioning and competition.

WHO?

Junior tennis players ages 3 - 17.

Ratio - 8:1 (students:pro)

WHAT?

Week-long tennis camps for beginners through intermediates

WHERE?

Terrell Mill Tennis Center

Phone – (770) 644-2771

WHEN?

Every week during the summer beginning the week of May 25th



CAMP TIMES & COST

TOTS (ages 3-5):

Monday – Friday, 9:00 - 10:00 am

Cost: \$60

CHILDREN (ages 6-10):

Monday – Friday, 9:00 - 12 noon

Cost: \$120

JUNIORS (ages 11-17):

Monday – Friday, 9:00 - 12 noon

Cost: \$120

Return registration form to:

Terrell Mill Tennis Center
480 Terrell Mill Rd
Marietta, GA 30067

All checks are payable to
Sweet Spot Tennis Academy.

No refunds will be issued.

TERRELL MILL JUNIOR SUMMER '09 TENNIS CAMP - REGISTRATION FORM

Camp dates (circle desired dates):

May 25-29 June 1-5 June 8-12 June 15-19 June 22-26 June 29-July 3 July 6-10 July 13-17** (at Fullers Park) July 20-24 July 27-31

Camp Description: (circle one):

Tots Children Juniors

NAME _____ AGE _____ DATE OF BIRTH _____

STREET _____ CITY _____ STATE _____ ZIP _____

PHONE (H) _____ Prior tennis experience _____

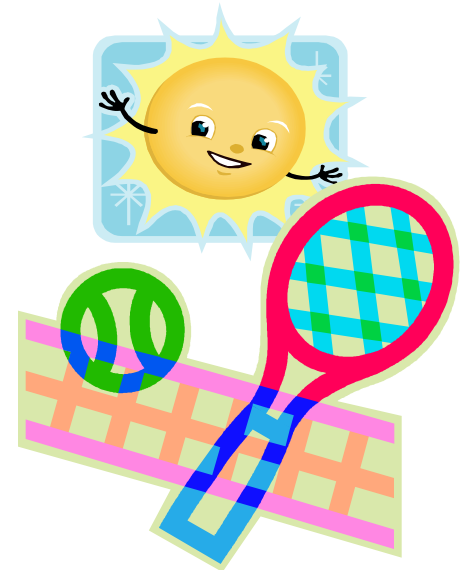
Parents' Names & Contact # _____

E-mail _____

FOR OFFICE USE ONLY: Amount paid _____ Cash ☐ Check ☐ Check # _____ Date _____
of weeks _____ Receipt # for Sweet Spot Tennis _____ Initials _____



Junior Summer Tennis Camps



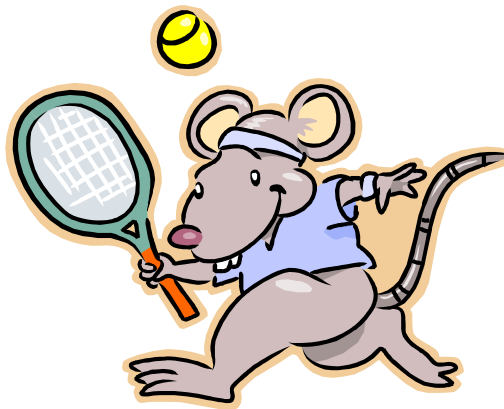
Cobb County...Expect the Best!

In the case of inclement weather, the instruction will move indoors and will consist of tennis videos, discussions on strategy and rules and other tennis related activities.

**** July 13-17 camp will be held at Fullers Park due to tournament at Terrell Mill.**

<http://prca.cobbcountyga.gov>

In order that the department assures compliance with ADA (Americans with Disabilities Act), please make the staff who work with the program/facilities aware of any specific physical or service accessibility need, so that we can reasonably accommodate your request.



RELEASE AND HOLD HARMLESS AGREEMENT PERMISSION TO PROVIDE EMERGENCY MEDICAL TREATMENT

Realizing the nature of this program, its physical demands and how important it is to follow rules, regulations, and instructions outlined by the staff of the Cobb County Parks, Recreation and Cultural Affairs Department, I am, to the best of my knowledge, in good health and able to participate in the program. I authorize the staff of the Cobb County Parks, Recreation and Cultural Affairs Department to organize any required medical or first-aid procedure, or to take the undersigned to a hospital emergency room treatment, if any major treatment is required. I understand that every effort will be made to notify the individual indicated as emergency contact beforehand by telephone.

The undersigned hereby forever releases, discharges, and covenants to hold harmless the Cobb County Parks, Recreation and Cultural Affairs Department, the Cobb County Recreation Commission, the Cobb Arts Commission, the Cobb County Board of Commissioners and Cobb County, Georgia and any other person, firm, corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assigns from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action belonging to the undersigned or arising out of any act or occurrence in connection with and particularly on account of all personal injury disability, property damage, loss or damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein or in consequence of the participation in the recreation program sponsored by the Cobb County parks, Recreation and Cultural Affairs department. The undersigned hereby bind their heirs, administrators, executors and successors. Further, this agreement shall apply to all unknown and anticipated injuries and damages directly or indirectly resulting herefrom. This Release and Hold Harmless Agreement shall constitute a full and complete release of any and all claims.

DATE: _____ BY: _____ Signature of Participant _____

DATE: _____ BY: _____ Signature of Parent or Guardian _____

Signature of participant and parent/guardian are both required if participant is under age 19, or is registered for a program for the mentally or physically challenged, or other special population member.